

## **NOTICE**

**Please be advised that Notary Services are no longer available at the Borough Hall in Ridley Park. All parties submitting applications that require notarization must have all documents notarized elsewhere before they are submitted for review and approval at the Borough Hall. Should you have questions, please call (610) 532-2100.**

**PERMIT FEES  
DOUBLED WHEN  
STARTING A JOB  
WITHOUT A  
PERMIT IN YOUR  
POSSESSION**

PERRY ARTESE  
 President  
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HENRY A. EBERLE, JR.  
 Mayor

# Borough of Ridley Park

COUNTY OF DELAWARE, PA

## Council Chamber

105 EAST WARD STREET  
 RIDLEY PARK, PENNSYLVANIA 19078  
 610-532-2100 • FAX: 610-532-2447  
 www.ridleyparkboro.org

ROBERT J. POOLE  
 Borough Manager

### APPLICATION FOR PLUMBING REGISTRATION

Master Plumber:  
 Annual Fee \$50.00

Names \_\_\_\_\_

Signature: \_\_\_\_\_

Representing: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Journeyman Plumber:  
 Annual Fee \$25.00

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Apprentice Plumber:  
 Annual Fee \$5.00

Name: \_\_\_\_\_

Name: \_\_\_\_\_

List other municipalities in which you are registered and registration numbers:

\_\_\_\_\_

\_\_\_\_\_

Signing this application in the presence of a Notary Public means that you will proceed with the work in conformity with the issued permit and in accordance with all Building, Zoning and Historic District codes and regulations. Failure to comply may result in a stop work order being issued and possible removal of the improvement.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor or Homeowner

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit # \_\_\_\_\_

**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE.**

Block \_\_\_\_\_ Lot \_\_\_\_\_

Work Site Location \_\_\_\_\_

Owner In Fee/Owner's \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Lic. No. \_\_\_\_\_

Federal Emp. No. \_\_\_\_\_

**B. ELECTRICAL CHARACTERISTICS**

Use Group: Present \_\_\_\_\_ Proposal \_\_\_\_\_

[ ] Pole/Post # \_\_\_\_\_ [ ] Temporary [ ] Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW Date Iss'd \_\_\_\_\_

[ ] No Plans Required

Joint Plan Review Required

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

**D. TECHNICAL BITE DATA**

QTY	SIZE	ITEMS
_____	_____	Lighting Fixtures
_____	_____	Receptacles
_____	_____	Switches
_____	_____	Detectors
_____	_____	Light Poles
_____	_____	Motors—Fract. HP
_____	_____	Emergency & Exit Lights
_____	_____	Communication Points
_____	_____	Alarm Devices/A.C. Panel
_____	_____	-----
_____	_____	TOTAL NUMBERS
_____	_____	Pool Permits/Low Lights
_____	_____	Storable Pool/Spa/Hot Tub
_____	_____	KW Elec. Range/Receptacle
_____	_____	KW Over/Service Unit
_____	_____	KW Elec. Water Heater
_____	_____	KW Elec. Dryer/Receptacle
_____	_____	KW Dishwasher
_____	_____	HP Garbage Disposal
_____	_____	KW Central A/C Unit
_____	_____	HP/KW Space Heater/Air Handler
_____	_____	KW Baseboard Heat
_____	_____	HP Motors 1/4 HP
_____	_____	KW Transformer/Generator
_____	_____	AMP Service
_____	_____	AMP Subpanels
_____	_____	AMP Motor Control Center
_____	_____	KW Elec. Signaling Light
_____	_____	-----

**FEE (Office Use Only)**

TOTAL FEE \$ \_\_\_\_\_

Administrative Services \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**

**C. CERTIFICATION BY LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature \_\_\_\_\_

[ ] Licensed Permitting Contractor [ ] Exempt Applicant

**APPLICANT**

REVIEW

01/30/2009 11:01 FAX 6106822447